

Leominster Recreation Department
Fall and Winter Programs 2006-07
ADULT REGISTRATION

The Recreation Department is hosting a variety of programs this coming winter. Please use this registration form to sign-up for adult programs, adult trips, etc. Please write in the program you are registering for. We greatly appreciate your help with speeding up the registration process.

Date: _____

PROGRAM REGISTERING FOR: _____

Participant Name: _____ Last Name: _____

DOB: _____ AGE: _____ Sex: Male _____ Female _____

Address: _____ Home Phone: _____

Work Phone: _____ Email: _____ Cell Phone: _____

City/State: _____ Zip: _____ E-mail: _____

OFFICE USE ONLY: Date: _____ Check #: _____ Amount: _____ Cash: _____ Receipt #: _____

*When emergency situations arise, we want to be able to handle them according to your wishes, if possible. Please fill in ALL the following information. Indicate by number () the order of preference for contacting the people listed.

Name & Relationship: _____ () Phone #: _____

() Work #: _____ () Cell #: _____

Name & Relationship: _____ () Phone #: _____

() Work #: _____ () Cell #: _____

Other Emergency Contact: _____ () Emergency Phone: _____

Doctor's Name: _____ () Doctor's Phone: _____

The Leominster Recreation Commission reserves the right to suspend any child from the program if there are behavioral problems that cannot be resolved.

GENERAL HEALTH: _____ ALLERGIES: _____

ANY SPECIAL MEDICAL CARE? _____

ACTIVITY RESTRICTIONS: _____

**THIS FORM
MAY BE
DUPLICATED.**

PHOTOGRAPHY CONSENT AND WAIVER

___ I, _____ give permission to be photographed during Recreation programs for publicity purposes by members of the press.

___ I, _____ give permission to be photographed by Leominster Recreation staff only, and NOT by the press for publicity purposes.

___ I, _____ do NOT want be photographed at any time.

I agree not to hold responsible the Leominster Recreation Commission; the City Of Leominster; the owners of the premises where the programs are held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached (All participants in any city recreation program must sign this waiver.)

NO REFUNDS ARE GIVEN IF THE PROGRAM IS NOT CANCELLED.

Sign Here: _____

Date: _____

Non-Resident Fee: Add \$5.00 per program. THIS FORM MAY BE DUPLICATED.

LEOMINSTER RECREATION DEPARTMENT, 25 WEST STREET, LEOMINSTER, MA 01453